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FORM

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Total Number of Pages in This Submission

22

Application Number	10/646,458
Filing Date	August 22, 2003
First Named Inventor	Kenneth COLLINS
Art Unit	1763
Examiner Name	Unknown
Attorney Docket Number	006915 P02



ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert M. Wallace	Reg. No. 29,119
Signature		
Date	09-29-2003	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature		Date 09/29/2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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09-29-04 Stacey Hart
Date Name

PATENT

Attorney Docket No.: 006915 P02
RW Ref. No.: APM/001-02-CP1-2



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kenneth COLLINS, et al.

Serial No.: 10/646,458

Examiner: Unknown

Filed: August 22, 2003

Group Art Unit: 1763

For: PLASMA IMMERSION ION IMPLANTATION APPARATUS USING
A PLASMA SOURCE HAVING LOW DISSOCIATION AND LOW MINIMUM
PLASMA VOLTAGE

PRELIMINARY AMENDMENT TRANSMITTAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
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SIR:

Transmitted herewith is a Preliminary Amendment in the above-identified application. The fee has been calculated as shown below.

	Claims remain- ing after amendment	Highest number previously paid for	Present extra	Rate	Additional Fee
Total Claims	89 minus	89 =	0	x \$18	\$000.00
Independent	1 minus	3 =	0	x \$86	\$000.00
If Multiple Dependent Claims Are Present, Add \$290.00					
(If applicant is a "small entity," subtract half of total)					\$000.00

No additional fee is required.

A check in the amount of \$ is attached.

The Commissioner is hereby authorized to charge any additional fees or deficiencies or credit overpayment to Deposit Account No. 50-0338.

Respectfully submitted,

Dated: 09/29/2004

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